

MONTGOMERY COUNTY, MARYLAND
OFFICE OF CONSUMER PROTECTION
100 Maryland Avenue, Room 330
Rockville, MD 20850
Telephone (240) 777-3636 – Fax (240) 777-3768

APPLICATION FOR TOWING BUSINESS

Application for Certificate of Registration Towing Business

New License []

Renewal License []

Instructions

1. To avoid delay in the processing of your application, please be sure that you have signed the application and answered every question clearly and completely.
2. Return the completed application and the license fee to the Office of Consumer Protection. Make checks payable to Montgomery County, Maryland.
3. Any changes in the firm's ownership, or other information affecting the validity of this license, must be submitted in writing to the Auto Repair/Towing Licensing Unit within (10) days of the change with all pertinent details.
4. If you are a corporation, your corporation must be registered in Maryland, and you must provide us the name, address and telephone number of the Resident Agent.

A.. CORPORATION

Name of Corporation _____

Business Name _____

Business Address _____

Business Phone No. _____ Fax No. _____

Mailing Address (if different from business address) _____

Resident Agent (in Maryland) _____

Business Address _____

Business Phone No. _____ Fax No _____

President _____

Business Address _____

Home Address _____

Business Phone No. _____ Evening Phone No. _____

Driver's License No. _____ Mobile Telephone No. _____

Vice-President _____

Business Address _____

Home Address _____

Business Phone No. _____ Evening Phone No. _____

Driver's License No. _____ Mobile Telephone No. _____

B. SOLE PROPRIETOR OR PARTNERSHIP

Owner's Full Name _____

Business Name _____

Business Address _____

Business Phone No. _____ Mobile Phone No. _____

Mailing Address (if different from business address) _____

Home Address _____

Evening Phone No. _____ Driver's License No. _____

Partner's Name _____

Home Address _____

Mobile Phone No. _____ Evening Phone No. _____

Driver's License No. _____

Has the individual, firm, or corporation ever had a Certificate of Registration or license to engage in the Business, occupation, profession or trade of repairing or maintaining motor vehicles and motor vehicle equipment, or towing, suspended or revoked in any jurisdiction? **Yes** [☐] **No** [☐] If your answer is yes, please explain on a separate sheet.

List Tag Numbers for each Vehicle

[1] _____ [2] _____ [3] _____ [4] _____ [5] _____ [6] _____

[7] _____ [8] _____ [9] _____ [10] _____ [11] _____ [12] _____

ADDRESS (ES) AND TELEPHONE NUMBER(S) OF YOUR STORAGE FACILITIES

LICENSE FEES FOR TOWING

TOWING	LICENSING FEE
1 - 5 Tow Trucks	\$138.00
6 - 10 Tow Trucks	\$219.00
11 - or More Tow Trucks	\$299.00

C. CERTIFICATION.

I (we) certify the following:

(1) That each driver of a towing vehicle will be 18 years of age or older, and possess a valid license to operate a towing vehicle.

(2) That I (we) carry, **in addition to that which the state requires**, a minimum of twenty-five thousand dollars (\$25,000) of insurance coverage for losses sustained by any consumer as a result of damage to his vehicle while that vehicle is in the custody and control of the licensee during towing transport and storage of the automobile by the licensee. (3) That a copy of my current insurance binder, showing the name, address and telephone number of my insurance company, insurance agent, the policy number, and the amount of coverage afforded under this policy, is attached to this application and that I (we) will provide the Division of Consumer Affairs with similar information if this insurance information or coverage changes. Montgomery County Office of Consumer Protection must be listed as a Certificate Holder on the Certificate.

D. **I HEREBY CERTIFY:** I do solemnly declare and affirm under the penalties of perjury, that the contents of this application are true and correct. I understand that should any statement I have made prove false, misleading or erroneous, it may result in the rejection of my application or the revocation of any license that may be issue. By signing this application, I hereby certify that I am authorized to sign on behalf of the business organization applying for this license.

Print Name Individual or Corporate Officer

Signature

Date

Partner's Print Name

Signature

Date

=====

ONLY FOR OFFICIAL USE

=====

Registration No. _____ Check No. _____ License Fee \$ _____

Date Issued _____ Date of Expiration _____

Date Approved _____ Disapproved _____